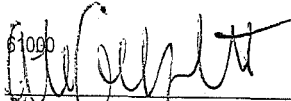
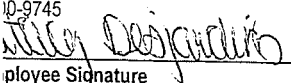
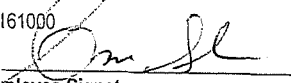



Director's Signature: C. Salem

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug LabWeek Ending: January 29, 2011

| Employee Name: | | Sunday 01/23/11 | Monday 01/24/11 | Tuesday 01/25/11 | Wednesday 01/26/11 | Thursday 01/27/11 | Friday 01/28/11 | Saturday 01/29/11 |
|---|----------------------------|-----------------|-----------------|-----------------------------|--------------------|-------------------|-------------------------|-------------------|
| Bett, Kate 61090  Employee Signature | Day: In - Out | | 7:15 3:15 | 8:15 3:15 | / | / | / | |
| | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | / | / | / | |
| | Outside Duty: From - To | | | | / | / | / | |
| Document exceptions or comments, indicate type and amount. | | | | 1 hr vaca | SIF 7.5 | SIF 7.5 | Vaca 7.5 | |
| Sjardins, Stacey 10-9745  Employee Signature | Day: In - Out | | 8:35 4:35 | 8:30 4:30 | 9:15 2:45 | / | 8:15 4:15 | |
| | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | — — | / | 12:00 12:30 | |
| | Outside Duty: From - To | | | | | / | | |
| Document exceptions or comments, indicate type and amount. | | | | | 2.0 sic | PER 7.5 | | |
| Bokhan, Annie 161000  Employee Signature | Day: In - Out | | 6:45 3:00 | 6:45 4:00 | 6:45 3:00 | 6:45 3:45 | 6:45 4:55 | |
| | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | | 12:00 12:30 | 12:00 12:30 | |
| | Outside Duty: From - To | | | | 1:45 3:00 | | 8:30 11:45 | |
| Document exceptions or comments, indicate type and amount. | | | | OT 1.25 | Malden District | OT 1.0 | OT 1.0 Middlesex Sup | |
| Asca, Daniela 161000  Employee Signature | Day: In - Out | | 6:45 4:45 | 6:45 3:00 | 6:45 2:45 | / | 6:45 11:45 | |
| | Lunch: Out - In | | 1:00 1:30 | 1:00 1:30 | 1:30 2:00 | / | | |
| | Outside Duty: From - To | | | | | / | 8:30 11:45 | |
| Document exceptions or comments, indicate type and amount. | | | OT 2 hrs | Brighton Court 12:00 - 3:00 | | SIC 7.5 hr. | Middlesex Sup | |

Director's Signature:

C. Aleme

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: January 29, 2011

| Employee Name: | | Sunday 01/23/11 | Monday 01/24/11 | Tuesday 01/25/11 | Wednesday 01/26/11 | Thursday 01/27/11 | Friday 01/28/11 | Saturday 01/29/11 |
|--|----------------------------|-----------------|-----------------|------------------|--------------------|------------------------|-----------------|-------------------|
| zier, Lisa | Day: In - Out | | 6:45 2:45 | 6:55 2:55 | 6:45 2:45 | 6:45 2:45 | 6:45 2:45 | |
| 61000 | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | |
| <i>Lisa Zier</i> | Outside Duty: From - To | | | | | | | |
| Employee Signature | | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | | | | | | |
| zier, Michael | Day: In - Out | | 8:30 8:00 | 8:40 7:45 | 6:00 7:00 | / | 8:15 4:25 | 7:00 5:30 |
| 61000 | Lunch: Out - In | | 1:20 1:50 | 2:15 2:45 | | / | 1:45 2:15 | 1:30 2:00 |
| <i>Michael Zier</i> | Outside Duty: From - To | | | | | / | | |
| Employee Signature | | | | | | / | | |
| Document exceptions or comments, indicate type and amount. | | | 3.5 OT ✓ | 3:0 OT ✓ | 6.5 PERSONAL ✓ | 7.5 PERSONAL ✓ | | whs OT. ✓ |
| rdina, Nicole | Day: In - Out | | / | / | / | / | / | |
| 161000 | Lunch: Out - In | | / | / | / | / | / | |
| <i>NB</i> | Outside Duty: From - To | | / | / | / | / | / | |
| Employee Signature | | | / | / | / | / | / | |
| Document exceptions or comments, indicate type and amount. | | | MUM 7.5 ✓ | MUM 7.5 ✓ | MUM 7.5 ✓ | MUM 7.5 ✓ | MUM 7.5 ✓ | |
| Brien, Elisabeth | Day: In - Out | | 7:35 4:35 | 8:20 12:50 | 7:35 3:05 | / | 7:40 2:40 | |
| 161000 | Lunch: Out - In | | 11:30 12:00 | — | 11:30 12:00 | / | 11:30 12:00 | |
| <i>Elisabeth Brien</i> | Outside Duty: From - To | | | | | / | | |
| Employee Signature | | | | | | / | | |
| Document exceptions or comments, indicate type and amount. | | | VAC 0.5 ✓ | SIC 2.0 ✓ | VAC 2.0 ✓ | CIH 6.5 ✓ | | |

Director's Signature: C. Salemi

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 29, 2011

| Employee Name: | | Sunday 01/23/11 | Monday 01/24/11 | Tuesday 01/25/11 | Wednesday 01/26/11 | Thursday 01/27/11 | Friday 01/28/11 | Saturday 01/29/11 |
|---|----------------------------|-----------------|-----------------|---------------------------|-----------------------------------|-------------------|-----------------|-------------------|
| Phillips, Gloria 61000 <i>Gloria Phillips</i> Employee Signature | Day: In - Out | | / | / | 8:30 4:30 | / | / | |
| | Lunch: Out - In | | / | / | 12:00 12:30 | / | / | |
| | Outside Duty: From - To | | / | / | | / | / | |
| Document exceptions or comments, indicate type and amount. | | | Vac 7.5 ✓ | CMT 7.5 ✓ | | CMT 7.5 ✓ | CMT 7.5 ✓ | |
| [Name], Peter 61000 <i>[Signature]</i> Employee Signature | Day: In - Out | | 6:45 7:45 | 6:45 7:45 | 6:45 6:00 6:45 | / | 6:45 6:45 | 6:50 5:30 |
| | Lunch: Out - In | | 12 12:30 | 12 12:30 | 12 12:30 | / | 12 12:30 | 1:30 2:00 |
| | Outside Duty: From - To | | | | | / | | |
| Document exceptions or comments, indicate type and amount. | | | OT 5.0 hr ✓ | OT 5.0 hr ✓ | OT 4.0 hr ✓ 3.25 hr | CMT 7.5 ✓ | OT 4.0 ✓ | OT 10.0 ✓ |
| Maczkowski, Daniel 61000 <i>[Signature]</i> Employee Signature | Day: In - Out | | 6:50 4:50 | 6:50 2:50 | 7:30 3:30 | / | 7:30 3:30 | |
| | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | / | 12:00 12:30 | |
| | Outside Duty: From - To | | | | | / | | |
| Document exceptions or comments, indicate type and amount. | | | OT 2.0 hr ✓ | | | CMT 7.5 ✓ | | |
| Prague, Shirley 61000 <i>[Signature]</i> Employee Signature | Day: In - Out | | 9:20 5:15 | 1:45 9:30 5:30 | 9:10 5:10 | 9:45 5:15 | 9:10 5:10 | |
| | Lunch: Out - In | | 11:30 12:00 | 1:00 1:30 | 1:00 1:30 | 1:00 1:30 | 1:00 1:30 | |
| | Outside Duty: From - To | | 1:45 2:35 | | | | | |
| Document exceptions or comments, indicate type and amount. | | | 1.0 hr vac ✓ | | | 1/2 vac ✓ | | |

Director's Signature: C. SalemTime Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: January 29, 2011

| Employee Name: | | Sunday 01/23/11 | Monday 01/24/11 | Tuesday 01/25/11 | Wednesday 01/26/11 | Thursday 01/27/11 | Friday 01/28/11 | Saturday 01/29/11 |
|--|----------------------------|-----------------|-----------------|------------------|------------------------|-------------------|-----------------|-------------------|
| Lin, Zhi | Day: In - Out | | | | | | | |
| 161000 | Lunch: Out - In | | | | | | | |
| <u>AS</u> | Outside Duty: From - To | | | | | | | |
| Employee Signature | | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | VAC 7.5 ✓ | VAC 7.5 ✓ | VAC 7.5 ✓ | VAC 7.5 ✓ | VAC 7.5 ✓ | |
| Lin, Mai | Day: In - Out | | 8:45 2:45 | | 9:12:30 | 9:30 2 | | |
| 161000 | Lunch: Out - In | | | | | | | |
| <u>mmhau</u> | Outside Duty: From - To | | | | | | | |
| Employee Signature | | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | | | 2.5 sick Dr. Appt ✓ | 2.25 VAC ✓ | | |
| Rolli, Janice | Day: In - Out | | 8:05 4:05 | 1:00 4:10 | 8:10 4:10 | 10:30 4- | 8:15 4:15 | |
| 61000 | Lunch: Out - In | | 1- 1:30 | 1- 1:30 | 1- 1:30 | 1- 1:30 | 1- 1:30 | |
| <u>Janelli</u> | Outside Duty: From - To | | | | | | | |
| Employee Signature | | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | | 2.0 SIC ✓ | | 2.5 PERS ✓ | | |
| | Day: In - Out | | | | | | | |
| | Lunch: Out - In | | | | | | | |
| | Outside Duty: From - To | | | | | | | |
| Employee Signature | | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | | | | | | |

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 24 - January 28, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: [Signature] Date: 1/27/11

Department Head: [Signature] Date: 1/27/11

Denial reason: _____

| Name | Employee ID# | Overtime earned | Name | Employee ID # | Overtime earned |
|--------------------|--------------|-----------------|------|---------------|-----------------|
| Annie Dookhan | 275153 | 3.25 | | | |
| Danella Frasca | 241343 | 2.0 | | | |
| Michael Lemke | 120459 | 16.5 | | | |
| Peter Piro | 138624 | 24.0 | | | |
| Daniel Renczkowski | 297673 | 2.0 | | | |